

# The EMS Experience

Saluting those with 20 years or more in EMS

Shannon Rucker, EMT-P



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## What was your first day on the job in EMS?

I stopped by the Uvalde EMS “Shed” in the summer of 1983 and asked what it took to become a volunteer. The answer I got was, “A Red Cross First Aid and CPR card.” I told them I had both, and, needless to say, I started “orientation” right then. I really couldn’t contain my excitement as I got to go through the ambulance the first time and attend volunteer meetings and such. The people at the EMS Shed were great and fun people to be around. Because I was still in school at the time, and it took some convincing to get my parents to let me use the car to respond to calls, I didn’t get to go on my first EMS call until September 9, 1983. The tones went off, and off I went, peeling out of the driveway, barely able to contain my excitement yet again. I put my blue “kojak” light on my dashboard, and my leg was shaking as I pushed the accelerator, trying to get to the EMS Shed so I could go on the call. It was a feeling I’ll never forget. It

was the beginning of that adrenaline rush most of us get when the “good” calls come in. Yes folks, I confess, I was a “Woo-Woo” early on in my career. I can still tell you the name of that patient, the outcome of that call, and that I was wearing two pagers, a scanner and an EMS pouch.

## Which services have you worked for over the years?

The bulk of my years in EMS were with Uvalde County EMS/Uvalde EMS. I volunteered there from 1983 until sometime in the mid- to late-1990s, when I moved up to paid part-time as a paramedic. I still ran calls there until 2002 when an EMS friend of mine passed away. I still miss Uvalde EMS. In and among those years, I also worked for a few private companies in San Antonio, doing transfers and some 9-1-1 calls. I had a few really bad calls, and two times I tried to leave EMS, once in 1987 and once in 1998. I tried to

leave only to find myself back in the thick of things, picking up where I left off. After the second time, I would still run with Uvalde, only a lot less. I went to work full-time in law enforcement for several years, but all that time, I kept my feet wet in EMS in Uvalde, San Antonio and eventually the Dallas/Fort Worth area. I jumped back into EMS full-time in 2005 with a private service in Dallas, then in 2006 with a high volume 9-1-1 service in Fort Worth, where I currently work as a primary paramedic, driver training officer, field training officer, and I am on our horse-mounted EMS special events team.

## Why did you get into EMS?

I can actually remember the day I decided that EMS is what I wanted to do. I was in the fourth grade, and a friend and I were walking around Uvalde. We saw a wreck where a car and a semi collided at an intersection. My friend’s dad was with the EMS and responded to that call. We saw the EMS attendants pull the driver out of his car, put him in “c-spine immobilization,” then start pumping on his chest. The whole thing was rather exciting to watch, and I kept wanting to get closer to see everything the EMS was doing (I was a really young “looky-loo,” if you will), but my friend wouldn’t let me because she said her dad told her that she wasn’t supposed to get near an accident. Persistence pays off, and eventually curiosity got the best of the both of us—we snuck up and watched anyways. The EMS attendants did not know that driver, yet they were still doing every thing they could to help him.

Not long after that, my mom joined the Uvalde County EMS as a volunteer ECA, and I could also see how much she enjoyed helping people. Sometime after I decided that EMS is what I wanted to do, one of the EMS units overturned on highway 90 while on a routine transfer, and some of the attendants were pretty badly hurt. Even at that age, when I heard about that accident, the challenging reality of EMS hit me, because I knew everyone on that ambulance. I knew the potential risks and still wanted to do it, so I could help people.

## How has the field changed since you have been in it?

When I first got into EMS, I had Red Cross cards, the senior people on the trucks were ECAs, an EMT was like a god, and paramedics were almost unheard of in rural EMS. If you had told me way back then that I was going to get my “red patch,” I would have laughed! The things we are doing in EMS now, I never would have thought I would be doing.

Almost everything has changed, from CPR to the current technology that is changing almost daily,

and even a lot of the people who decide on EMS as a career are different. Our standard of care back then was very crude compared to the standards I deal with today. We had the soft c-collars and wooden backboards and really big monitors with green screens and a silver case to carry them in. We had actual paddles on the monitors, now we have pads. Demand valves were the standard, as were EGTA's and EOAs; now we have KingLT Airways, CPAP and hypothermia for cardiac arrest patients. Of course, I can't leave out the "Thumper" and MAST trousers. I'm seeing a new version of the Thumper making a comeback.

When I was working down in San Antonio, one of the studies our company participated in had to do with treatment of stroke patients, and after my second hiatus from EMS, I came back into the field to find that some of the results from that study had been implemented into today's stroke protocols. That was really neat to see.

Now I see a lot of patients get treated via machines and technology as opposed to good, hands-on patient care. One of the things I try to teach my trainees is that technology will never replace good, hands-on patient care. I believe that EMS is slowly getting back to the "basics." If you don't do those right, then all the advanced skills we have will not do anyone any good. I try to stress that concept to any new EMT or medic I come into contact with.

#### **Is there a particular moment or call that stands out?**

There are quite a few actually. I would have to say that certain moments stand out just as much as the calls that preceded them. One example is when my crew and I received a call for a drowning in Uvalde. All four of us on the unit, plus the two first responders, worked like we had never worked before to try to save that kid, because we really believed he was viable. He passed away a week later. Once I made sure my crew was OK, I had to take some time for myself. The support I had at home was non-existent, and it fueled my decision to leave EMS. It took me a while to realize that we may not have been able to save him, but we were at least able to buy his family time to say goodbye. Years later, here in Fort Worth, my crew and I received a similar call, and the entire time we were responding, I was thinking about that drowning several years before. Thinking, "Please, let my best be good enough today." I got to tell my crew that our best *was* good enough that day, and I thanked my dispatcher for buying us enough time to help that kid.

We also had a Halloween moment in Uvalde. Every year for Halloween, we held a haunted house to raise money for our organization. One year, right in the middle of the haunted house, the tones went off



*Rucker, on the right, preps a KED at the scene of a wreck in Uvalde in August of 1989.*

for a major accident in town. The closest available to respond were the folks working the haunted house. We jumped into the ambulance and off we went. . . . Can you imagine the looks (en route to the scene and once we got there) when two clowns, a witch and Batman jumped out of the unit to provide patient care? I was Batman, of course. The patients and the police didn't know what to think, and I don't have to mention that the ER staff could do nothing but laugh when we brought in two patients from this wreck. I don't know if the patients were in shock because they got taken to the hospital by clowns, a witch and Batman or if they were hurt in the accident.

Other moments that stand out come when I am able to help someone through EMT, paramedic, or even field training with some "old school" advice. Old school advice that I got from some of my paramedic instructors, such as Joan, Bobbi, Nick and Mark. Joan and the patient care she stressed, Bobbi and her "See-Saw" acid-base balance, Nick with his fluid bolus therapy, and Mark with his "take care of the big things first and the small things will fall into place" philosophy. Paying it forward is what I try to do there. I learned from those people, and when I can share some of their advice, and I see the proverbial light bulb go on in a student or trainee, then those moments always stand out.

#### **What has been your favorite part of your career in EMS?**

There are a lot of "favorite" parts to my career in EMS. There is more to EMS



*Rucker is part of MedStar's horse-mounted EMS special events team.*

than technology and driving fast. There is patient care. I try to provide my patients with the best care I can, on a daily basis. I also really like educating new EMTs and paramedics and telling them some of the war stories of how we did things back then, how we "did more with less," and how a lot of those things led to the treatments we use today. My other favorite parts have been the friends I've made. Some are still in the business, some are out and some are coming back in. Either way I look at it, those true friends can never be replaced, and they have made it even more worthwhile for me. This career is always changing, and I like that I can see the changes. I guess another way to look at it is that I stay in EMS to see what happens next!